Article Code:	Coder initials:	Date coded :
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## Quality Criteria for Medical Reporting: Coding Form Abstract, Editor Note, Press Release

Α.	Study Description	Abstract	Editor Note	Press release
1.	Does this document exist for this study?	NA	☐ Yes ☐ No	☐ Yes ☐ No
2.	What is the study design?	Meta-analysis of RCTs  Meta-analysis of observational studies  Randomized controlled trial  Controlled trial without randomization  Cohort study  Case-control study  SurveyCross sectional  Survey-longitudinal  Cross sectional-other  Longitudinal-other  Case series (no control group)  Gene association study  Can't tell  Other	NA NA	NA NA
3.	Who/what are the study subjects?	Real people Hypothetical people Animals Lab experiments (e.g., cells, blood) Other (e.g., hospitals, tests) Can't tell	NA	NA
4.	Study exposures: What is being compared to what (exposures)?  If no comparison is being made, include the condition or illness common to people in the study (e.g., people with West Nile virus).	Write in:	NA	☐ Exact or partial match with abstract ☐ Incorrect exposure(s) ☐ No clear statement of exposures
5.	Study outcomes: What is the primary outcome, measure, scale, or variable (e.g., blood pressure, survival, death)??  Outcome Rules: Pick a positive finding from the primary outcome (or first outcome if more than one) from the conclusion. Or, pick a secondary outcome if that is the focus of the press release.	Write in:	NA	☐ Exact or partial match with primary outcome(s) ☐ Incorrect outcome(s): Outcomes incorrectly stated (e.g., use disease instead of score or report wrong outcomes) ☐ Secondary outcome: only a secondary outcome is discussed in the press release ☐ No clear statement of outcome
6.	Does the study <b>conclusion</b> demonstrate a <b>positive health benefit</b> from the Tx, intervention, or test?	☐ Yes ☐ Nofor example, not a comparison study (i.e., prevalence study), study assesses harms, study results are negative	NA	NA
7.	Is the time frame mentioned for the abstract's main result (e.g., "over[time period]', lifetime risk, 10-yr risk)?  Opt out:  Study not designed to assess benefit/risk/prognosis over time	☐ Yes, numbers given ☐ Yes, verbal labels only ☐ No	<ul><li>Yes, numbers given</li><li>Yes, verbal labels only</li><li>No</li></ul>	☐ Yes, numbers given ☐ Yes, verbal labels only ☐ No

Article Code:	Coder initials:	Date coded :

В.	Numbers	Abstract	Editor Note	Press release
1.	How is the main result (e.g. exposure, benefit,			
	risk) described? a) Single-person anecdote	NA NA	☐ Yes ☐ No	☐ Yes ☐ No
	b) Numbers given	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2.	If numbers are provided:	2 .63 2 .10	2 163 2 116	2 765 2 76
	a) Does the main result show a	☐ Yes ☐ No ☐ No difference tested	N/A	N/A
	statistically significant difference?	(e.g., descriptive surveys, prevalence)		
	b) How are the numbers given?If multiple numbers, choose a primary outcome number that is nearest the top of this list)Use blank space to write in the numbers you are coding	□ Absolute risk/means for more than one or all exposure groups □ Absolute risk /mean for only one exposure group (e.g. 5% or 5 per 100 had strokes in the control group) □ Person year rates for more than one exposure group □ Person year rates for only one exposure group □ Number needed to treat (e.g. 500 need to be treated to prevent 1 death) □ Absolute difference only (e.g. 5 fewer cases per 1000 women) □ Ratio measure only (e.g. relative risk, relative change - % higher or lower; pop attr risk) □ Other	Absolute risk/means for more than one or all exposure groups Absolute risk /mean for only one exposure group (e.g. 5% or 5 per 100 had strokes in the control group) Person year rates for more than one exposure group Person year rates for only one exposure group Number needed to treat (e.g. 500 need to be treated to prevent 1 death) Absolute difference only (e.g. 5 fewer cases per 1000 women) Ratio measure only (e.g. relative risk, relative change - % higher or lower; pop attr risk) Other	□ Absolute risk/means for more than one or all exposure groups □ Absolute risk /mean for only one exposure group (e.g. 5% or 5 per 100 had strokes in the control group) □ Person year rates for more than one exposure group □ Person year rates for only one exposure group □ Number needed to treat (e.g. 500 need to be treated to prevent 1 death) □ Absolute difference only (e.g. 5 fewer cases per 1000 women) □ Ratio measure only (e.g. relative risk, relative change - % higher or lower; pop attr risk) □ Other
	c) Are the data presented in the same numeric format (can be a subset) as the abstract?	N/A	Yes, same number used correctly Yes, same number used incorrectly Yes, same format category as abstract No	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as abstract ☐ No
	d) Are the data presented in the same numeric format (can be a subset) as the editor's note?  Opt out: No editor's note	N/A	N/A	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as editor's note ☐ No
	e) Where do the press release numbers come from? [if more than one, choose box with the lowest number]  Opt out:  No press release	N/A	N/A	1) Article abstract
	f) Were the numbers used correctly?  g). If numbers used incorrectly, provide text	N/A	☐ Yes ☐ No ☐ Unsure (not known where # is from)  If unsure, put number:	Yes No Unsure (not known where # is from)  If unsure, put number:
	used to describe the numbers & reason why it is incorrect:		Reason incorrect	Reason incorrect

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C.	Harms	Abstract	Editor Note	Press release
1.	Are relevant harms or adverse events			
	mentioned?	☐ Yes ☐ No	☐ Yes ☐ No	□ Yes □ No
2.	If harms or adverse events are mentioned:			
	How are harms/adverse effects described?  a) Single-person anecdote b) Numbers given			
	b) Numbers given	□ Yes □ No	□ Yes □ No	□ Yes □ No
		☐ Yes ☐ No	□ Yes □ No	🛮 Yes 🖟 No
	c) If numbers are provided for harms, how are they given?	Absolute risk/means for more than one or all exposure groups     Absolute risk /mean for only one exposure group (e.g. 5% or 5 per 100 had strokes in the control group)     Person year rates for more than one exposure group     Person year rates for only one exposure group     Number needed to treat (e.g. 500 need to be treated to prevent 1 death)     Absolute difference only (e.g. 5 fewer cases per 1000 women)     Ratio measure only (e.g. relative risk, relative change - % higher or lower; pop attr risk)     Other	Absolute risk/means for more than one or all exposure groups     Absolute risk /mean for only one exposure group (e.g. 5% or 5 per 100 had strokes in the control group)     Person year rates for more than one exposure group     Person year rates for only one exposure group     Number needed to treat (e.g. 500 need to be treated to prevent 1 death)     Absolute difference only (e.g. 5 fewer cases per 1000 women)     Ratio measure only (e.g. relative risk, relative change - % higher or lower; pop attr risk)     Other	□ Absolute risk/means for more than one or all exposure groups □ Absolute risk /mean for only one exposure group (e.g. 5% or 5 per 100 had strokes in the control group) □ Person year rates for more than one exposure group □ Person year rates for only one exposure group □ Number needed to treat (e.g. 500 need to be treated to prevent 1 death) □ Absolute difference only (e.g. 5 fewer cases per 1000 women) □ Ratio measure only (e.g. relative risk, relative change - % higher or lower; pop attr risk) □ Other
	c) Are harms presented in the same numeric format (can be a subset) as the abstract?	N/A	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as abstract ☐ No	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as abstract ☐ No
	d) Are harms presented in the same numeric format (can be a subset) as the editor's note?  Opt out:  No editor's note	N/A	N/A	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as editor's note ☐ No
	f) Were the numbers for harms used correctly?  g). If numbers used incorrectly, provide text used to describe the numbers & reason why it is incorrect:	N/A	Pres No Unsure (not known where # is from)  If unsure, put number:  Incorrect text:  Reason incorrect	Yes No Unsure (not known where # is from)  If unsure, put number:  Incorrect text:  Reason incorrect

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For Limitations: If the question does not apply, mark the appropriate "opt out" choice from the first column and leave the rest of the row blank

D.	Limitations	Abstract	Editor Note	Press release
1.	Is the study size given? (exact or approximate number)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2.	If the study is small (e.g. < 30 people), are readers cautioned	🛮 Yes 🖟 No	☐ Yes ☐ No	☐ Yes ☐ No
	that larger studies are needed to really understand how			
	much the intervention works?			
	Opt out:			
	Not a small study <b>OR</b>			
-	☐ No study size given in abstract  If study has no control or comparison group, are readers	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3.	cautioned that it is not known how much the intervention	□ Yes □ No	u Yes u No	u yes u no
	accounts for the findings?			
	Opt out:			
	☐ Control/comparison group present			
	☐ Study not intended to identify benefit of an intervention			
4.	If study is a randomized trial, (randomized assignment to	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	exposure groups), is that fact clearly identified?			
	Opt out:			
	Study is NOT a randomized trial			
5	If the study is a <b>randomized trial</b> , and the study was	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	stopped early due to benefit (not harm), is there a caution			
	that these studies often overestimate this benefit?			
	Opt out:			
	<ul><li>Study is NOT a randomized trial</li><li>Study is randomized but did NOT stop early for benefit</li></ul>			
6.	If the study is NOT randomized, is the potential for	Yes, explicitly (mentions confounding	Yes, explicitly (mentions confounding	Yes, explicitly (mentions confounding
0.	confounding noted (e.g., in the analysis)?	as a potential problem)	as a potential problem)	as a potential problem)
	Opt out:	Yes, generally (mentions multivariate	Yes, generally (mentions multivariate	Yes, generally (mentions multivariate
	☐ Study IS a randomized trial	analysis, says "just an association" or "RCT	analysis, says "just an association" or "RCT	analysis, says "just an association" or "RCT
	☐ Confounding not applicable (no cause & effect implied,	needed")	needed")	needed")
	e.g., descriptive study)	□ No	□ No	□ No
7.	If <b>cross-sectional</b> study, is it noted that since the information	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	is collected simultaneously, you cannot know whether the			
	exposure causes the outcome (or vice-versa)?			
	Opt out:			
	☐ Not a cross-sectional study or not simultaneous exposures			
	& outcomes			
8.	If study is a <b>survey</b> ,	D. W	I No.	I No. II No.
	a) is the response rate given?	□ Yes □ No	□ Yes □ No	□ Yes □ No
	b) If the sample is not random (e.g., convenience or self- selected), is the reader cautioned about sample bias?	☐ Yes ☐ No	│ □ Yes □ No	□ Yes □ No
	Part b opt out:	L LES LINO	L 162 L INO	T 162 T INO
	Survey sample is random			
	Opt out:			
	□ Not a survey			
9.	If the study is descriptive (e.g., no intervention, prevalence	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	studies), is there a statement about how well the sample			
1				
	represents a larger population?			

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D.	Limitations, continued	Abstract	Editor Note	Press release
10.	If diet/behavior/quality improvement intervention with multiple dimensions (type and/or duration vary), are readers cautioned that it is difficult to determine which dimension is responsible for the effect?  Opt out:  Drug study Study not intended to identify benefit of an intervention Not a multiple intervention study	□ Yes □ No	[] Yes [] No	□ Yes □ No
11.	If the primary outcome is a surrogate marker (e.g., lab abnormality), are readers cautioned about extrapolating to health outcomes important to patients?  Opt out:   Not a surrogate outcome	□ Yes □ No	□ Yes □ No	□ Yes □ No
12.	If primary outcome is a score or surrogate marker, are readers told whether the effect is clinically important or unimportant (or unknown)?  a) Mentions this explicitly ("small" effect) b) If score, are numbers provided relative to entire score (0.6mm out of 10cm)?  Opt out of b – score not relevant to this outcome Opt out:  Not a score/surrogate outcome Negative study (shows no difference) No difference tested in the abstract	□ Yes □ No □ Yes □ No	☐ Yes ☐ No ☐ Yes ☐ No	□ Yes □ No □ Yes □ No
13.	If the study is based on a decision model, is the hypothetical nature of the analysis clearly identified?  Opt out:  Not a decision model	□ Yes □ No	□ Yes □ No	□ Yes □ No
14.	If the study is an animal or lab experiment, is there a caution about the limited applicability to human health?  Opt out:  Not an animal model or lab experiment	□ Yes □ No	□ Yes □ No	□ Yes □ No
15.	Is the study funding source stated?	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
16.	a. Other limitations in the <b>abstract</b> or <b>editor's note</b> : <b>List briefly and number</b> any other limitations mentioned.  The goal is to track these limitations through the press release and news stories. Put "none" if no limitations.			List the <b>numbers</b> for any limitation from the abstract/editor's note that are mentioned in the press release:
	b. How many unique limitations are <b>mentioned in 16a</b> ?	# of unique limitations in abstract & editor	's note:	# of these limitations listed in the press release (from above):
	c. List any other limitations in the <b>press release</b> that are <b>NOT</b> mentioned in the abstract or editor's note?	NA	NA	

Any other comments or notes?

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## Quality Criteria for Medical Reporting: Coding Form News stories

A.	Study Description	News story #	News story #	News story #
1.	Is the news story clear about what is being compared to what (exposures)?  If no comparison is being made, include the condition or illness common to people in the study (e.g., people with West Nile virus).	☐ Exact or partial match with abstract ☐ Incorrect exposure(s) ☐ No clear statement of exposures	Exact or partial match with abstract     Incorrect exposure(s)     No clear statement of exposures	☐ Exact or partial match with abstract ☐ Incorrect exposure(s) ☐ No clear statement of exposures
2.	Is the outcome discussed in the abstract also the primary outcome in the news story?	□ Exact or partial match with primary outcome(s) □ Incorrect outcome(s): Outcomes incorrectly stated (e.g., use disease instead of score or report wrong outcomes) □ Secondary outcome: only a secondary outcome is discussed in the news story □ No clear statement of outcome	□ Exact or partial match with primary outcome(s) □ Incorrect outcome(s): Outcomes incorrectly stated (e.g., use disease instead of score or report wrong outcomes) □ Secondary outcome: only a secondary outcome is discussed in the news story □ No clear statement of outcome	☐ Exact or partial match with primary outcome(s) ☐ Incorrect outcome(s): Outcomes incorrectly stated (e.g., use disease instead of score or report wrong outcomes) ☐ Secondary outcome: only a secondary outcome is discussed in the news story ☐ No clear statement of outcome
3.	Is the time frame mentioned for the abstract's main result (e.g., "over[time period]', lifetime risk, 10-yr risk)?  Opt out:  Study not designed to assess benefit/risk/prognosis over time	☐ Yes, numbers given ☐ Yes, verbal labels only ☐ No	☐ Yes, numbers given ☐ Yes, verbal labels only ☐ No	☐ Yes, numbers given ☐ Yes, verbal labels only ☐ No

Article Code:	Coder initials:	Date coded :

В.	Numbers—Is the study quantified	News story #	News story #	News story #
	and if so, how?			
1.	How is the main result (e.g. exposure, benefit, risk) described?  a) Single-person anecdote b) Numbers given	□ Yes □ No □ Yes □ No	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No
2.	If numbers are provided:			
	b) How are the numbers given?If multiple numbers, choose a primary outcome number that is nearest the top of this list)Use blank space to write in the numbers you are coding	Absolute risk/means for more than one or all exposure groups  Absolute risk /mean for only one exposure group (e.g. 5% or 5 per 100 had strokes in the control group)  Person year rates for more than one exposure group  Person year rates for only one exposure group  Number needed to treat (e.g. 500 need to be treated to prevent 1 death)  Absolute difference only (e.g. 5 fewer cases per 1000 women)  Ratio measure only (e.g. relative risk, relative change - % higher or lower; pop attr risk)  Other	Absolute risk/means for more than one or all exposure groups Absolute risk /mean for only one exposure group (e.g. 5% or 5 per 100 had strokes in the control group) Person year rates for more than one exposure group Person year rates for only one exposure group Number needed to treat (e.g. 500 need to be treated to prevent 1 death) Absolute difference only (e.g. 5 fewer cases per 1000 women) Ratio measure only (e.g. relative risk, relative change - % higher or lower; pop attr risk) Other	Absolute risk/means for more than one or all exposure groups Absolute risk /mean for only one exposure group (e.g. 5% or 5 per 100 had strokes in the control group) Person year rates for more than one exposure group Person year rates for only one exposure group Number needed to treat (e.g. 500 need to be treated to prevent 1 death) Absolute difference only (e.g. 5 fewer cases per 1000 women) Ratio measure only (e.g. relative risk, relative change - % higher or lower; pop attr risk) Other
	c) Are the data presented in the same numeric format (can be a subset) as the abstract?	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as abstract ☐ No	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as abstract ☐ No	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as abstract ☐ No
	d) Are the data presented in the same numeric format (can be a subset) as the editor's note?  Opt out:  No editor's note	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as editor's note ☐ No	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as editor's note ☐ No	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as editor's note ☐ No
	e) Are the data presented in the same numeric format (can be a subset) as the <b>press release??</b> Opt out:  No press release	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as press release ☐ No	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as press release ☐ No	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as press release ☐ No
	f) Were the numbers used correctly?	Yes No Unsure (not known where # is from)  If unsure, put number:	Yes No Unsure (not known where # is from)  If unsure, put number:	Yes No Unsure (not known where # is from)  If unsure, put number:
	g). <b>If numbers used incorrectly,</b> provide text used to describe the numbers & reason why it is incorrect:	Incorrect text:  Reason incorrect	Incorrect text:  Reason incorrect	Incorrect text:  Reason incorrect

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C.	Harms	News story #	News story #	News story #
1.	Are relevant harms or adverse events mentioned?	□ Yes □ No	□ Yes □ No	□ Yes □ No
2.	If harms or adverse events are mentioned:			
	How are harms/adverse effects described?  a) Single-person anecdote			
	b) Numbers given	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No
	c) If numbers are provided for harms, how are they given?	<ul> <li>Absolute risk/means for more than one or all exposure groups</li> <li>Absolute risk /mean for only one exposure</li> </ul>	Absolute risk/means for more than one or all exposure groups     Absolute risk /mean for only one exposure	Absolute risk/means for more than one or all exposure groups     Absolute risk /mean for only one exposure group
		group (e.g. 5% or 5 per 100 had strokes in the control group)  Person year rates for more than one exposure group Person year rates for only one exposure group Number needed to treat (e.g. 500 need to be treated to prevent 1 death) Absolute difference only (e.g. 5 fewer cases per 1000 women) Ratio measure only (e.g. relative risk, relative change - % higher or lower; pop attr risk) Other	group (e.g. 5% or 5 per 100 had strokes in the control group)  Person year rates for more than one exposure group Person year rates for only one exposure group Number needed to treat (e.g. 500 need to be treated to prevent 1 death) Absolute difference only (e.g. 5 fewer cases per 1000 women) Ratio measure only (e.g. relative risk, relative change - % higher or lower; pop attr risk) Other	(e.g. 5% or 5 per 100 had strokes in the control group)  Person year rates for more than one exposure group Person year rates for only one exposure group Number needed to treat (e.g. 500 need to be treated to prevent 1 death) Absolute difference only (e.g. 5 fewer cases per 1000 women) Ratio measure only (e.g. relative risk, relative change - % higher or lower; pop attr risk) Other
	c) Are harms presented in the same numeric format (can be a subset) as the <b>abstract</b> ?	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as abstract ☐ No	☐ Yes, same number used <b>correctly</b> ☐ Yes, same number used <b>incorrectly</b> ☐ Yes, same format category as abstract☐ No	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as abstract ☐ No
	d) Are harms presented in the same numeric format (can be a subset) as the editor's note?  Opt out:  No editor's note	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as editor's note ☐ No	<ul> <li>Yes, same number used correctly</li> <li>Yes, same number used incorrectly</li> <li>Yes, same format category as editor's note</li> <li>No</li> </ul>	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as editor's note ☐ No
	e) Are the data presented in the same numeric format (can be a subset) as the press release??  Opt out:  No press release	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as press release ☐ No	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as press release ☐ No	☐ Yes, same number used correctly ☐ Yes, same number used incorrectly ☐ Yes, same format category as press release ☐ No
	f) Were the numbers for harms used correctly?	Yes No Unsure (not known where # is from)  If unsure, put number: Incorrect text:	Yes No Unsure (not known where # is from) If unsure, put number: Incorrect text:	☐ Yes ☐ No ☐ Unsure (not known where # is from)  If unsure, put number: Incorrect text:
	g). If numbers used incorrectly, provide text used to describe the numbers & reason why it is incorrect:	Reason incorrect	Reason incorrect	Reason incorrect

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For limitations: If the question does not apply, mark the appropriate "opt out" choice from the first column and leave the rest of the row blank

D.	Limitations	News story #	News story #	News story #
1.	Is the study size given? (exact or approximate number)	🛮 Yes 🖟 No	□ Yes □ No	☐ Yes ☐ No
2.	If the study is small (e.g. < 30 people), are readers cautioned that larger studies are needed to really understand how much the intervention works?  Opt out:  Not a small study OR  No study size given in abstract	□ Yes □ No	□ Yes □ No	□ Yes □ No
3.	If study has no control or comparison group, are readers cautioned that it is not known how much the intervention accounts for the findings?  Opt out:  Control/comparison group present Study not intended to identify benefit of an intervention	□ Yes □ No	🛘 Yes 🖟 No	□ Yes □ No
4.	If study is a randomized trial, (randomized assignment to exposure groups), is that fact clearly identified?  Opt out:   Study is NOT a randomized trial	□ Yes □ No	🛮 Yes 🖟 No	□ Yes □ No
5	If the study is a randomized trial, and the study was stopped early due to benefit (not harm), is there a caution that these studies often overestimate this benefit?  Opt out:  Study is NOT a randomized trial  Study is randomized but did NOT stop early for benefit	□ Yes □ No	🛘 Yes 🖟 No	□ Yes □ No
6.	If the study is NOT randomized, is the potential for confounding noted (e.g., in the analysis)?  Opt out:  Study IS a randomized trial Confounding not applicable (no cause & effect implied, e.g., descriptive study)	☐ Yes, explicitly (mentions confounding as a potential problem) ☐ Yes, generally (mentions multivariate analysis, says "just an association" or "RCT needed") ☐ No	☐ Yes, explicitly (mentions confounding as a potential problem) ☐ Yes, generally (mentions multivariate analysis, says "just an association" or "RCT needed") ☐ No	☐ Yes, explicitly (mentions confounding as a potential problem) ☐ Yes, generally (mentions multivariate analysis, says "just an association" or "RCT needed") ☐ No
7.	If cross-sectional study, is it noted that since the information is collected simultaneously, you cannot know whether the exposure causes the outcome (or vice-versa)?  Opt out:  Not a cross-sectional study or not simultaneous exposures & outcomes	□ Yes □ No	□ Yes □ No	□ Yes □ No
8.	If study is a survey, a) is the response rate given? b) If the sample is not random (e.g., convenience or self-selected), is the reader cautioned about sample bias? Part b opt out:  Survey sample is random Opt out: Not a survey	☐ Yes ☐ No ☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No
9.	If the study is descriptive (e.g., no intervention, prevalence studies), is there a statement about how well the sample represents a larger population?  Opt out:   Not a descriptive study	□ Yes □ No	□ Yes □ No	□ Yes □ No

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D.	Limitations, continued	News story #	News story #	News story #
10.	If diet/behavior/quality improvement intervention with multiple dimensions (type and/or duration vary), are readers cautioned that it is difficult to determine which dimension is responsible for the effect?  Opt out:  Drug study Study not intended to identify benefit of an intervention Not a multiple intervention study	□ Yes □ No	□ Yes □ No	□ Yes □ No
11.	If the primary outcome is a surrogate marker (e.g., lab abnormality), are readers cautioned about extrapolating to health outcomes important to patients?  Opt out:  Not a surrogate outcome	□ Yes □ No	□ Yes □ No	□ Yes □ No
12.	If primary outcome is a score or surrogate marker, are readers told whether the effect is clinically important or unimportant (or unknown)?  a) Mentions this explicitly ("small" effect) b) If score, are numbers provided relative to entire score (0.6mm out of 10cm)?  Opt out of b – score not relevant to this outcome Opt out:  Not a score/surrogate outcome Negative study (shows no difference) No difference tested in the abstract	□ Yes □ No □ Yes □ No	☐ Yes ☐ No ☐ Yes ☐ No	□ Yes □ No □ Yes □ No
13.	If the study is based on a decision model, is the hypothetical nature of the analysis clearly identified?  Opt out:  Not a decision model	□ Yes □ No	🛘 Yes 🖟 No	□ Yes □ No
14.	If the study is an <b>animal or lab experiment</b> , is there a caution about the limited applicability to human health? <b>Opt out:</b> Not an animal model or lab experiment	□ Yes □ No	□ Yes □ No	□ Yes □ No
15.	Is the study funding source stated?	□ Yes □ No	□ Yes □ No	□ Yes □ No
16.	a. List the <b>numbers</b> for any limitation from the abstract/editor's note that are mentioned in the news story (see abstract/editor note form):			
	b. How many unique limitations from question 16a are mentioned in the news story (count the number of limitations listed above):			
	c. List any other limitations in the news story that are <b>NOT</b> mentioned in the abstract or editor's note?			

Any other comments or notes?